

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/914441**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		4				
6		4				
7		4				
8		4				
9		2				
10		2				
11		4				
12		2				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
28			1			
29						
30						
31						
32						
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48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	31	←		←
TOTAL CLAIMS			32			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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